

PROGRESS REPORT PURPOSES

Progress Reports have two purposes:

- Progress Reports provide information that the Office of Primary Care , Rural, and Ethnic Health (PCREH) must provide to the Legislature in an annual report.
- Progress Reports are intended to be a self-evaluation of the Project's progress. If the Legislature appropriates funds for State Fiscal Year (SFY) 2002, the Six Month Progress Report due January 31, 2002 (covering July 1, 2001 through December 31, 2001) will be a required part of the SFY 2003 continuation grant application. One of the criteria for continuation SFY 2003 grant proposals will be the timeliness of submitted SFY 2002 reports.

PROGRESS REPORT DUE DATES

Progress Report Schedule and Coverage	
Date Progress Report Due to DEPARTMENT	Grant Period Covered by Report
Six Month Progress Report: January 31, 2002	July 1, 2001 through December 31, 2001
Annual Report: August 1, 2002	July 1, 2001 through June 30, 2002

The PCREH reserves the right to request additional information and/or corrections to the Six Month Progress Report and the Annual Report *before* the *final* contract payment is authorized. The Reports will not be approved unless there is an original, signed Report. The Six Month Progress Report and Annual Report may also be submitted by the following methods, as long as they are followed by the original, signed report:

- Facsimile Progress Reports will be accepted as meeting the deadline if the time stamp on the facsimile as it is received at PCREH is prior to 11:59 p.m. on the day they are due. This may be different from the date stamp of the outgoing fax machine, so allow additional time for the difference. The fax number is **(801) 538-6387**.
- Email Progress Reports will be accepted as meeting the deadline if the time stamp of receipt of the Email message is prior to 11:59 p.m. on the day they are due. Please remember that it takes time to transfer Internet Email and allow adequate time to meet the deadline. Email Progress Reports should be sent to **dbeckwit@doh.state.ut.us**.
- Hard copies will be accepted as meeting the deadline if they are received through the US mail on the date they are due. The mailing address is:

**Office of Primary Care , Rural, and Ethnic Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005**

Hard copies will be accepted as meeting the deadline if they are received through a non-US Mail package system or hand delivered to PCREH by 5:00 p.m. on the due date. The street address is:

**Office of Primary Care , Rural, and Ethnic Health
Utah Department of Health
288 North 1460 West, Fourth Floor
Salt Lake City, Utah 84116**

PENALTIES

A penalty of \$100.00 per work day will be assessed for late Six Month Progress Reports. A penalty of \$150.00 per work day will be assessed for a late Annual Report. The penalty may be assessed until a complete, accurate report has been submitted and approved. It must contain all the information specified in these Reporting Instructions and Tables including the identifying information, financial information, all the narrative information required for that reporting period, and correct statistical tables. If GRANTEE funds have already been expended, these penalties may be applied to future grant awards given to a GRANTEE under the State Primary Care Grants Program.

Annual Report - State Primary Care Grants Program
Reporting Period: July 1, 2001 through June 30, 2002
Office of Primary Care, Rural, and Ethnic Health, Utah Department of Health

Name of Grantee _____

Name of individual responsible for completing this report _____

Telephone number _____

1. Encounter¹ information

Baseline Data for Your Agency		Primary Care Grant Encounters	
Total number of encounters ¹ for your Agency's most recent fiscal year	Projected total number of encounters ¹ for the period 7/1/01 - 6/30/02 **	Total number of primary care grant patient encounters ¹ 7/1/01 - 6/30/02	Number of new primary care grant patient encounters ¹ 7/1/01 - 6/30/02

**** Note:** Do not include primary care grant encounters for which SFY 2001 funding was requested.

For the Following Tables Please Use Actual Figures, or Best Estimates of Users Funded by the Grant.

2. Users² by Age, July 1, 2001 through June 30, 2002

Age Groups	Number of Users ²
0 - 19	
20 - 64	
65 and over	
Total Users²	

3. Users² by Income Level, July 1, 2001 through June 30, 2002

Percent of Poverty Level	Number of Users ²
100% and below	
101 - 200%	
Above 200%	
Unreported/unknown	
Total Users²	

¹ "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

² Users are defined as "Eligible Individuals", who received at least one face-to-face encounter July 1, 2001 through June 30, 2002.

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4. Total Users ² by Insurance Status, July 1, 2001 through June 30, 2002

Number Users ² Uninsured	Number Users ² Underinsured

5. Users ² by Race/Ethnicity, July 1, 2001 through June 30, 2002

Race/Ethnicity	Number of Users ²
Asian	
American Indian or Alaska Native	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Hispanic or Latino	
Other	
Unreported or Unknown	
Total Users ²	

6. Please summarize the self-declared goals and objectives including quality of care for the period July 1, 2001 through June 30, 2002. (In answering this question, you should also refer to your Six Month Progress Report. See attached copy of the Report).
7. Describe how your organization has met the objectives of your Application, and if the objectives have not been met, please explain.
8. Please provide evidence of the sustain ability of your organization. Include with this report your most recent audited financial statements, as well as your most recent unaudited statements.
9. *Optional:* If there is other information that you would like to provide about your Grant objectives and implementation of those objectives, or the need for your Program, please describe below (no more than one paragraph).

1 "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

2 Users are defined as "Eligible Individuals", who received at least one face-to-face encounter July 1, 2001 through June 30, 2002.

Six Month Progress Report - State Primary Care Grants Program
Reporting Period: July 1, 2001 through December 31, 2001
Office of Primary Care, Rural, and Ethnic Health, Utah Department of Health

Name of Grantee _____

Name of individual responsible for completing this report _____

Telephone number _____

Due January 31, 2002
Please Limit to No More than 2 Pages

1. Please comment on your progress in meeting the objective(s) of your Application *to date*; and state any concerns that you may have in meeting those objectives.

2. Describe how the quality of care indicator (as stated in your Application) is being met.

Please Return Six Month Progress Report to us at:

Office of Primary Care , Rural, and Ethnic Health
Utah Department of Health
P.O. Box 142005
Salt Lake City, Utah 84114-2005

or

Fax: (801) 538-6387

or

Email: dbeckwith@utah.gov